FIELD TRIP

Date: ____________________ Date of the Field Trip: _________________________

Dear Parents:

We hope your child/children will be able to accompany us on the following field trip:

Destination: ____

____

Departure time: ______________ Approximate return time: _______________

Group of students: ____

Purpose of the trip: ____

Student should bring: ____

Additional information or comments:

____

____

Please detach and sign the bottom portion of this form and return it with any comments or concerns you may have regarding this trip.

Thank you,

____

Teacher/Chaperone

This permission form also gives the above teacher and or Chireno ISD permission to obtain medical attention for your child in case of an emergency.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

I give permission for my child, _________________________________, to go on the field trip

to ____.

Comments:

Parent Signature: _____________________________

Phone Number(s): _____________________________

Date: ____